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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/360,292
	Filing Date	July 22, 1999
	First Named Inventor	Sujit Sharan
	Group Art Unit	1746
	Examiner Name	Shamim Ahmed
Total Number of Pages in This Submission		Attorney Docket Number MI22-1106

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ENCLOSURES (check all that apply).		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Check for \$180.00; PTO-1449; Copy of cited art reference; Postcard
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark S. Matkin, Reg. No. 32,268 Wells St. John P.S.
Signature	
Date	3/12/02

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
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FEE TRANSMITTAL**for FY 2002**

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$180.00)**Compleat if Known**

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Filing Date July 22, 1999
First Named Inventor Sujit Sharan
Examiner Name Shamim Ahmed
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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																																					
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <u>23-0925</u></p> <p>Deposit Account Name <u>Wells St. John P.S.</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p>		<p>3. 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109 78	209 39	** Reissue independent claims over original patent																																																																																																																																																																																																					
110 18	210 9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																					
SUBTOTAL (2)			(\$ 0.00)																																																																																																																																																																																																				

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark S. Matkin	Registration No. (Attorney/Agent)	32,268
Signature		Telephone	509-624-4276
		Date	3-12-02

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